How to Keep your Patients out of the Emergency Department: What Acute Care and Primary Care Nurse Practitioners Can Do

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The presenters have no disclosures

Learning Objectives
- Describe the impact non-urgent emergency department use has on quality of health care, patient outcomes, and cost to the health care system
- Identify the demographics of those who use the emergency department non-urgent care
- Recognize the complex, multifactorial nature of non-urgent emergency department use by pediatric patients
- Design at least three practice/practice setting changes to address the issue of non-urgent emergency department use

Non-urgent ED visits
58-85% of ED visits by children are for non-urgent care

Common Childhood Illnesses
Cold symptoms are the most common reason for emergency department visits by children:
- Chills
- FEVER
- Cough
- Congestion
- Sneezing
- Sore throat

Initial Research
Initial studies focused on identifying characteristics of those who use the ED for non-urgent care
**Identified Population**
- Low health literacy
- Identified PCP for their child
- Public Insurance

**Health Literacy**
- Health literacy measures a person’s ability to obtain, process and understand basic health information...
- ...and then use that information to make informed and appropriate healthcare decisions
- If parents lack the ability to determine the severity of their child’s symptoms, they are more likely to seek immediate health care → ED (Yoffe, et al., 2011)

**Low Health Literacy**
Over half of caregivers who bring their children to the ED have:
- low health literacy
- frequently seek care for non-urgent issues

Low health literacy caregivers have 3 times greater odds of presenting for a non-urgent condition than those with adequate literacy

(Morrison, Schapira, Gorelick, Hoffmann, & Brousseau, 2014)

**Primary Care Provider**
Up to 95% of children who come to the ED for non-urgent care have a primary care provider

(Kubicek et al., 2012)

**Public Health Insurance**
In 2012, children with Medicaid coverage were more likely than uninsured children and those with private coverage to have visited the emergency room (ER) at least once in the past year.

(CDC: National Center for Health Statistics, 2014)

**The History of Non-Urgent ED Use**
- 1950s public’s view of the ED began to change
- 1960s research regarding ED visits
- 1970s ED used as source of non-urgent care (Krug, 1999)
- The last half of the 20th century saw a 600% increase in ED visits

(National Center for Health Statistics, 2000)
### Unfavorable Consequences
- Overcrowding
- Long wait times
- Increased cost
- Poor health outcomes
- Lack of continuity of care
- Lack of follow-up

(Brousseau, et al., 2007)

### Impact on the ED
- Nationally, EDs are the most common site of acute care visits
- When care in the ED is disconnected from the patient’s primary source of care, the outcomes can include duplication of tests, lack of follow-up, and an increased risk for medical errors

(Pitts, et al., 2010)

### Increased Healthcare Cost
- On average, an ED visit for non-urgent care costs seven times more than care at a community health center
- An ED visit of low complexity is reimbursed under Medicaid, $18.12; while the same level of service is reimbursed $36.70 under Medicare, a 49.4% reimbursement rate

(Government Accountability Office, 2011)

### Impact on Primary Care ↓ Continuity
**ED care:**
- Do not have access to patient’s medical record
- Focus is on immediate need
- ↓ anticipatory guidance
- ↓ preventive education
- ↓ follow-up from previous visits
- ↓ development of ongoing relationship

(Rosenzweig, 1993)

### Impact on Primary Care ↓ Quality
Children receive recommended care only 46% of the time

(Mangione-Smith et al., 2007)

### State of the Science
**Descriptive studies**
- Population identified
- Resulting issues identified: non-emergent issues are handled less effectively and more expensively in the ED
State of the Science

Interventional Studies:
- Revision of PCP Practices → Access
- Education → Health Literacy

Access to Care

About 75% of children’s visits to an ED in the past 12 months took place at night or on a weekend, regardless of health insurance coverage status

(CDC: National Center for Health Statistics, 2014)

State of the Science

Interventional studies
Revised PCP services:
- same day appointments
- walk-in visits
- convenient hours
- effective telephone triage
- answering services

(Brousseau, et al., 2007; Sturm, et al., 2010)

Educational Intervention

“The pediatric after-hours non-life and death almost-an-emergency booklet”
22 page booklet written at a 4.2 grade reading level

First Study
- Reduction in ED visits ranged from 55%-81% (p <0.001)
  (Yoffe, et al., 2011)

Second Study
- Study group showed a significantly lower use of ED services (p <0.05)
  (Yoffe, McClaran, Tolson, Moore, & McKay, 2012)

Interventional Studies – Education

- **Access to Care Guide**: Creation of document to summarize office policies and procedures for families
- **Parent Education Toolkit on Fever**: RN fever teaching at newborn, 5 weeks and 2 month well visit or any other age group as requested by provider
- **Office Video Education while Waiting**: Creation of office video to educate about common concerns that can be addressed at home or in the office

(Cohen, Barton, Brennan, & Chen-Lim, 2013)

24 Hour Nurse Call Line

Since the 1990s, telephone triage services aimed at decreasing unnecessary ED visits have been found to:
- Be cost-effective
- Provide quality triage
- Increase parent / provider satisfaction

(Bursik, et al., 2007)
The Bottom Line
An effort to ↑ access to care has resulted in:
• Fragmented Care
• Poor health outcomes
• Lack of continuity of care
• Increased health care costs

How to Frame the Problem
Donabedian's Matrix for the Classification of Quality Measures
Applied to Non-urgent use of the ED by pediatric patients

Orem's Theory of Dependent Care

According to Donabedian...
"Inefficiency is judged by the degree to which expected improvements in health are achieved in an unnecessarily costly manner."

↑ access to care
↑ ED utilization
↑ cost of care

According to Donabedian...
"In practice, lower quality and inefficiency coexist, because wasteful care is either directly harmful to health or is harmful by displacing more useful care."

ED vs. PCP for non-urgent care

(Donabedian, 1988, p. 1745)

Theory of Dependent-Care

Parents wish to care for their children – DCA

(Dren, 1995; Taylor et al., 2001)
Health Literacy

- Change the way health information is designed and delivered
- Simply designating a reading grade level for print materials is not effective
- Materials must be redesigned using best practices to reduce health literacy demands and match consumer preferences
- Periodic testing of materials with the intended consumers is essential

(US. DHH, 2008)

Research / Practice Changes

- Complex, multi-factorial issue
- Address in both acute and primary care settings
- Combine interventions discussed in the literature to determine effectiveness
- Financial incentives in the Medicaid insured pediatric population
- Study educational options with low health literacy demands
- Target Medicaid patients for care management:
  - frequent users vs. children < 1 year of age

(Christensen, Kharbanda, Velden, Payne, 2017)

Primary Care PNP

Continuity of Care

- Relationships with caregivers → value continuity of care
- Identify high risk population
- Reinforce appropriate use of ED
- Enhance access to care
- Assess caregivers’ abilities and individualize interventions – Theory of Dependent Care
- Identify resources that empower caregivers
- Provide a consistent message throughout the office

(Ohns, Oliver-McNeil, Nantais-Smith, & George, 2016)

Primary Care PNP

Increase

parental knowledge related to management of common childhood health concerns and value continuity of care from a consistent provider

Clinical Practice Example

Number of ED/UC visits
September 2017 through January 2018:
- Cost of ED visit vs. office
- Most frequent diagnosis
- Poor follow up
- Can cause delay in treatment for some chronic issues

Then Why?

- Why were services outsourced?
- Patient or provider initiated?
- Do the providers even know its happening?
**Case Scenario**

15 year old seen in community ED for sore throat
- Treated with antibiotics with negative rapid strep test, plan based on clinical appearance
- 3 days later developed secondary rash...same ED treated with high dose steroids, changed antibiotics
- One week later presents to PCP with severe fatigue, joint pain, residual rash

**Primary Care PNP – Access to Care**
- Educate caregivers regarding access to care, prescription refills
- Well and sick appointments, evening / weekend hours, same day / walk-in appts, phone triage, PCP on call
- Chronic illness = action plan + meds
- Educate regarding after hours options
- Call office before going to ED

**Clinical Example**

6 year old presents to urgent care with complaints of cough, congestion, clear nasal drainage and tactile temperature for 2 days
- Diagnosis: sinusitis
- Treatment:
  - Zithromax daily for 5 days
  - Tylenol with codeine for cough
  - Decongestant
  - Liquid albuterol

**Primary Care PNP**

Education = Empower Caregivers
- Keep certain OTC meds at home
- Anticipatory guidance for well / sick visits
- Teach fever management with appropriate weight-based dosing of antipyretics

**Role of Acute Care PNP**

- Identify the child’s PCP
- If no PCP, provide resources to identify PCP
- Ask: Is PCP aware of current condition? Was PCP called prior to coming to ED?

Discuss continuity of care = quality care
Role of Acute Care PNP

- Encourage follow up with PCP by phone or visit
- Written discharge instructions at appropriate literacy level
- Provide anticipatory guidance for current condition
- Provide prescriptions for OTC medications as covered by insurance
- Send written / computerized summary to PCP

Focus Group

- Identify the high risk populations’ preferred method of education regarding common childhood illnesses
- Change the way health information is designed and delivered
- Simply designating a reading grade level for print materials is not effective
- Materials must be redesigned using best practices to reduce health literacy demands and match consumer preferences
- Periodic testing of materials with the intended consumers is essential (USDHHS, 2008)

Educational Options

My Child Is Sick!

English Advice for Managing Childhood Illnesses

References


References


